

FILED FEB 25 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

5434

BIRTH NO.		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>5670</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>			
b. CITY OR TOWN <u>Rural - Ninevah</u>		c. LENGTH OF STAY (in this place) <u>82 yrs</u>		c. CITY OR TOWN <u>Rural - Ninevah</u>		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 2, New Hartford</u>				d. STREET ADDRESS (If rural, give location) <u>Rt 2 - New Hartford, Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>Washington</u>		c. (Last) <u>Hudson</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>11</u>		(Year) <u>1949</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Apr 6, 1866</u>	
9. AGE (in years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Lincoln Co., Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Slade Hudson</u>		13b. MOTHER'S MAIDEN NAME <u>Adeline Maybry</u>		14. NAME OF HUSBAND OR WIFE <u>Dora S. Buchanan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Slade Hudson, New Hartford, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Age</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Hartford - Pike - Mo.</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Feb. 8, 1948</u> , to <u>Feb. 11, 1949</u> , that I last saw the deceased alive on <u>Dec. 10, 1948</u> and that death occurred at <u>SA</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Pinner M.D.</u>		(Degree or title)		23b. ADDRESS <u>Siles Mo.</u>		23c. DATE SIGNED <u>2-11-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Indian Creek</u>		24d. LOCATION (City, town, or county) (State) <u>New Hartford Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-49</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin Funeral Service</u>		ADDRESS <u>Eolia, Mo</u>	

(I, signed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9  
District File No. 1  
FEB 24 1949  
Date Filed

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Galva Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.